Abstract Instructions & Evaluation Criteria for TEPHINET CONFERENCES

PROCEDURES AND DEADLINE:

- Please see www.tephinet.org (Conferences tab) for this information.
- By Sunday, February 22nd 2015, at 5pm EST, abstracts must be submitted to the TEPHITRACT homepage: www.tephitract.org/conference
- All abstracts submitted for the Global Conference will be reviewed by three epidemiologists
- Abstracts will be considered as candidates for either oral or author-attended poster sessions. Once an abstract is accepted, the Scientific Program Committee will determine whether it is more appropriate for oral or poster presentation.

INSTRUCTIONS FOR SUBMITTING:

- Use Microsoft Word to create the abstract to create the abstract, then paste your abstract from your word document into the web-based abstract submission (TEPHITRACT) system (see the sample abstract at the bottom for the format).
- Abstracts may not exceed 275 words in length.
- The word count excludes the subheadings of the structured abstract (Background, Methods, Results, Conclusions), title, author list, address, or keywords. A word count is easily obtained by selecting the appropriate text of the abstract and then choosing the “Word Count” command in the “Tools” menu of Word.
- Justification: left-aligned only
- No graphics can be accepted.

ABSTRACT FORMAT (The web-based system will collect the following information.)

1. Authors and FETP identification.

   - First author (presenter). Type the full first name and middle initial, if any, before the last name (e.g., John H. Jones).
   - Co-authors. List each co-author in order of contribution by typing one initial followed by the last name (e.g., D. Smith, S. Brown).
• Home country in which FETP is based and program director’s name
• Presenter’s and program director’s email addresses
• Presenter’s year of entrance into FETP

2. **Title.**

• Be brief. Avoid subtitles if possible
• Capitalize major words only. Capitalize the second component of hyphenated terms.
• Do NOT use abbreviations or acronyms in title.
• Give geographic location (country, state or city) and dates of study or investigation. Do not abbreviate geographic locations; separate them from the rest of the title by an em dash, e.g., “Outbreak of Pneumonia — Texas, 1995.”

3. **Abstract text.**

• Structure the abstract, using the following subheadings to identify each section:
  
  **Background, Methods, Results, Conclusions.**

• Each subheading should be typed flush left, in **bold** font, and followed by a colon.
• The **Background** section should address both 1) the public health significance of the subject and 2) the scientific background and rationale for the study (see sample abstract).
• Since an abstract is a citable document, the **Results** section must contain data. It should not include such statements as "Data will be discussed." **If considerable work is needed before the conference, please state in the abstract that results are preliminary.**
• Because of time constraints, changes cannot be made to the abstract after it is submitted. You may find, however, that the results and conclusions of the study do change, based on data analysis done after submission of the abstract. If your abstract is accepted and significant changes have been made after submission of the abstract, please highlight the changes in your presentation, whether oral or poster.

5. **Key words:**

• Please include 4-6 key words; use terms listed in the Medical Subject Headings (MeSH) from the Index Medicus (http://www.nlm.nih.gov/mesh/meshhome.html).

6. **Word count of abstract:**

• Abstracts are limited to a maximum of 275 words (see instructions above). The abstracting system will truncate any abstracts exceeding this length.
STYLE GUIDELINES:

- Avoid the use of jargon, such as “cases” for “patients.”
- Define all abbreviations upon first use in the abstract, e.g., oral contraceptives (OC), except for those used in standard measurements, e.g., 25 mg/L.
- Use an en dash “–” with no spaces between characters for a dash, e.g., "health-care providers in the area—i.e., physicians."
- Spell out numbers less than 10 except in the case of standard measurements such as time, dose, and temperature, e.g., "two patients," but "2 cc" and "9 p.m."
- Use metric units. Show conventional terms, if desired, in parentheses, e.g., "0 C (32 F)."
- Use standard "mL,” "cm,” etc. Exception: Use "L" for liter.
- Use "%" with specific measurements, e.g., "2%," but use "percentage" in stating a generality or category, e.g., "The percentages reflect . . . ."
- When a percentage is given in addition to a numerator and denominator, the percentage should directly follow the numerator and be enclosed in parentheses, e.g., "18 (86%) of 21 patients developed . . . ."

TEPHINET Global Conference
Scoring guidelines for FETP abstracts 2015

1. Background and rationale for study (0-4)

- Is the public health problem or question that the study will address and its significance apparent?
- If necessary, are key antecedent data or issues presented to set the stage for the study?
- Does the author explicitly state the objective(s) of the study?
- Is the objective(s) appropriate for addressing the problem or study question?

2. Appropriateness of methods (0-4)

- Is the overall study design adequately described?
- Is the overall study design appropriate and efficient to address the study objectives?
- Are critical definitions clearly stated (if not obvious)? These could include for example: case, principal exposure, vaccine failure, etc.
- Are the epidemiological/statistical methods concisely described? Authors should avoid naming software packages instead of epidemiologic or statistical procedures.
- Is the population involved stated or apparent?
- Is the data source (questionnaire, registry, surveillance data set) stated?

3. Presentation of results (0-4)
4. Conclusions and interpretations of results (0-4)

- Are the conclusion and interpretation based on the data presented?
- Does the conclusion/interpretation address the problem and objectives?
- Does the study appear sufficiently valid and reliable to serve as a basis for the conclusions and for taking public health action (i.e. are the results unlikely to be attributable to chance, confounding, or other potential biases)?
- Is the interpretation of the findings consistent with current scientific knowledge?
- Does the author synthesize results into a conclusion (Conclusions should not simply repeat data from the results or restate them with adjectives replacing numbers)?

5. Public health significance (0-4)

- Does this study, in both topic and results, have an obvious application to improving public health?
- Do the data solve an immediate problem or build on existing knowledge (and not simply repeat what is already done with little or no effective modification)?
- Are actions/recommendations/control measures practical, and derived directly from study results?
- Are public health actions recommended, reported as undertaken, completed, or shown to be effective (e.g., initiating or enhancing prevention or other public health programs; developing procedures, policies or legislation; implementing and strengthening public health surveillance systems; reducing disease incidence)?
- If the recommendations have not been implemented yet, are they likely to address the problem or health issue that led to this study?

6. Overall clarity of the abstract (0-4)

- Is the writing concise and direct, without unnecessary qualification?
- Are numerical data displayed, organized, and placed so that they enable efficient understanding and comparisons?
- Is there a logical sequence and cohesiveness among and within abstract sections?
- Is content of each section correctly placed (i.e. results in the results section only)
- Are appropriate terms/concepts consistently used throughout avoiding vague, ambiguous terms or jargon?
- Are instructions on word limit, abstract structure, and style adhered to?
SAMPLE ABSTRACT

Authors: Alphonse Rukundo, M.Murindahabi, C.Karema, A.Binagwaho

Name of FETP: Rwanda FETP

FETP Graduation: Trainee


Abstract text:

Background: Chronic malnutrition is assessed by height-for-age (stunting) index which is an indicator of linear growth retardation and cumulative growth deficits. Our aim was to determine major risk factors of stunting in children aged from 6 to 59 months in Rwanda.

Methods: A Rwanda Demographic and Health Survey 2010 enrolled 4504 under-fives children from 6270 households. Logistic regression was used to determine risk factors of chronic malnutrition in bivariate and multivariate analyses.

Results: Anthropometric measurements were valid for 4356 children. Among the 1794 stunted children (44%), 978 were boys (47%) and 816 were girls (41%). In multivariate analysis, risk factors were child age (9-11 months: OR=2.0, 95% CI:1.3-3.4; 12-17 months: OR=5.8, 95% CI: 3.6-9.4; 18-23 months: OR=9.9, 95% CI: 6.1-16.2; 24-35 months: OR=8.0, 95% CI: 5.0-12.9; 36-47 months: OR=7.9, 95% CI: 4.8-12.0; 48-59 months: OR=5.8, 95% CI: 3.6-9.4); being a boy (OR=1.4, 95% CI: 1.2-1.6); birth order (second: OR=1.3, 95% CI: 1.01-1.6; third: OR=1.4, 95% CI:1.1-1.8; fourth: OR=1.4, 95% CI: 1.06-1.7); low birth weight (OR=2.2, 95% CI:1.5-3.2); mother passively smoking ( OR=2.8, 95% CI: 1.4-5.6), and being a resident of Western region (OR=1.5, 95% CI: 1.0-2.1). Mother education (secondary or higher: OR = 0.66, 95% CI: 0.46-0.94) and living in middle, richer and richest households (middle: OR = 0.63, 95 % CI 0.51-0.78; richer: OR=0.51, 95% CI: 0.41-0.64; richest: OR=0.38, 95% CI: 0.28-0.51) were protective.

Conclusion: Mixtures of multilevel actions are needed to improve nutritional status of under-fives children in Rwanda. At risk-groups include those with age of children (9–59 months), resident of Western region, boys, mother’s low educational level, poor and poorest wealth index, smoking tobacco and low birth weight.

Key Words: Rwanda, Children, Under-fives, Stunting, Risk factors

Word count: 274